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REQUEST **FOR**

CONTINUED EXAMINATION (RCE)

TRANSMITTAL

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/030,867	
Filing Date	April 29, 2002	
First Named Inventor	Masanori KIMURA	
Art Unit	1765	
Examiner Name	Matthew A. Anderson	
Attorney Docket Number	81839.0105	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1,995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.		Subn	ission required under 37 CFR 1.114		
	a.	i.	Previously submitted Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 16, 2004. (Any unentered amendment(s) referred to above will be entered).		
		ii. iii.	Consider the arguments in the Appeal Brief or Reply Brief previously filed on		
	b.	i. ii.	Enclosed Amendment/Reply Affidavit(s)/Declaration(s) iii.		
2.		Misc	llaneous		
	a.		Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)		
3.			The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.		
	a.	\boxtimes	The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit		
	_		Ascount No. 50-1314.		
		Fees	•		
	_	i.	RCE fee required under 37 CFR 1.17(e)		
		ii.	Extension of time fee (37 CFR 1.136 and 1.17)		
	b.		Check in the amount of \$790.00 is enclosed		
	c.	胃	Payment by credit card (Form PTO-2038 enclosed)		
	C.	ا	WARNING: Information on this form may become public. Credit card information should not be included on		
	this form. Provide credit card information and authorization on PTO-2038.				
	this form. Provide credit card into mation and authorization on 1 10-2000.				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
	Na	те	(Print Type) John P. Scherlicher Registration No. (Attorney) 23,009		
	Sig	nature	Date October 12, 2004		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Name (Print Type)	John P. Scherlacher	Registration No. (Attorney)	23,009	
Signature	Sob. G. Scherlode	Date October 12, 2004		
		ILING OR TRANSMISSION		

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print Type)	John P. Scherlacher	
Signature	Jon P. Trebelode Date	October 12, 2004

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